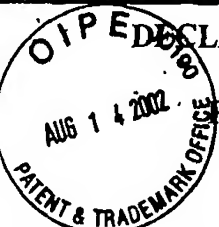


| | | |
|---|--------------------------|----------------|
|  <p>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)</p> | Attorney Docket Number | |
| | First Named Inventor | Foster, et al. |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHIBITION OF SECRETION FROM NON-NEURONAL CELLS

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/20/2002 as United States Application Number or PCT International Application Number 10/088,665 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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| Prior Foreign Application (Numbers) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
|-------------------------------------|-----------|----------------------------------|--|--|
| PCT/GB00/03681 9922558.3 | PCT GB | 09/25/2000 09/23/1999 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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+

DECLARATION - Utility or Design Patent Application

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| PCT/GB00/03681 | 9/25/2000 | |

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
OR

0000 26712

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Number Bar Code
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☒ Registered practitioner's name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|---------------------|---------------------|--------------------|---------------------|
| Ranjana Kadle | 40,041 | R. Kent Roberts | 40,786 |
| John M. Del Vecchio | 42,475 | Michael F. Scalise | 34,920 |
| Martin G. Linihan | 24,926 | Patrick J. Tracy | 42,187 |
| Kevin D. McCarthy | 35,278 | Daniel C. Oliverio | 33,435 |
| David L. Principe | 39,336 | Edwin T. Bean, Jr. | 16,639 |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

| | | | | | |
|---------|---------------------------|-----------|----------------|-----|----------------|
| Name | Ranjana Kadle | | | | |
| Address | Hodgson Russ LLP | | | | |
| Address | One M&T Plaza, Suite 2000 | | | | |
| City | Buffalo | State | New York | ZIP | 14203-2391 |
| Country | United States | Telephone | (716) 856-4000 | Fax | (716) 849-0349 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

| Given Name (first and middle [if any]) | Family Name or Surname |
|--|------------------------|
| Keith Alan | Foster |

| | | | | | | | |
|----------------------|--------------------------------------|-------|-----------|---------|---------|-------------|----|
| Inventor's Signature | | | | | Date | | |
| Residence: City | Salisbury | State | Wiltshire | Country | GB | Citizenship | GB |
| Post Office Address | The Croft, Southampton Road, Whaddon | | | | | | |
| Post Office Address | | | | | | | |
| City | Salisbury | State | Wiltshire | ZIP | SP5 3DX | Country | GB |

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| City | Buffalo | State | New York | ZIP | 14203-2391 |
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Name of Sole or First Inventor:

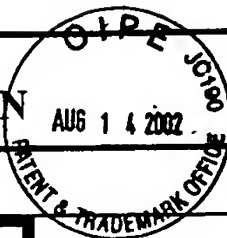
☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------------------------------------|------------------------|-----------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Keith Alan | | Foster | |
| Inventor's Signature | | | Date |
| Residence: City | Salisbury | State | Wiltshire |
| | | Country | GB |
| Post Office Address | The Croft, Southampton Road, Whaddon | | |
| Post Office Address | | | |
| City | Salisbury | State | Wiltshire |
| | | ZIP | SP5 3DX |
| | | Country | GB |

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION

AUG 14 2002



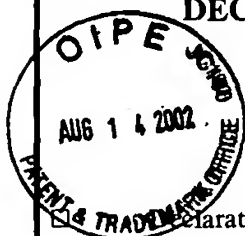
ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

| | | | | | | | |
|--|--|-------|-----------|---|----------|-------------|-----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| John Andrew | | | | Chaddock | | | |
| Inventor's Signature | <i>J. Chaddock</i> | | | | Date | 25/06/02 | |
| Residence: City | Salisbury | State | Wiltshire | Country | GB | Citizenship | GB |
| Post Office Address | 43 Bouchers Way <i>GBLW</i> | | | | | | |
| Post Office Address | | | | | | | |
| City | Salisbury | State | Wiltshire | ZIP | SP2 8RW | Country | GB |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Conrad Padraig | | | | Quinn | | | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Lilburn | State | GA | Country | USA | Citizenship | GB |
| Post Office Address | 4986 Fox Forest Drive | | | | | | |
| Post Office Address | | | | | | | |
| City | Lilburn | State | GA | ZIP | 30047 | Country | USA |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| John Robert | | | | Purkiss | | | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Southampton | State | | Country | GB | Citizenship | GB |
| Post Office Address | Immunopharmacology Group, Southampton General Hospital | | | | | | |
| Post Office Address | | | | | | | |
| City | Southampton | State | | ZIP | SO16 6YD | Country | GB |

+



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number

First Named Inventor

Foster, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

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the specification of which
☐ is attached hereto
OR

(Title of the Invention)

☒ was filed on (MM/DD/YYYY)

03/20/2002

as United States Application Number or PCT International

Application Number

10/088,665

and was amended on (MM/DD/YYYY)

(if applicable).

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| Prior Foreign Application (Numbers) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|-----------|-------------------------------------|--|--|--|
| | | | | YES | NO |
| PCT/GB00/03681 9922558.3 | PCT GB | 09/25/2000 09/23/1999 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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DECLARATION



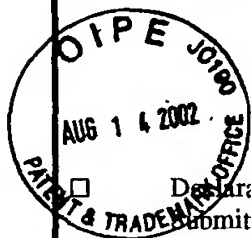
ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

| | | | | | | | | | |
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| Conrad Padraig | | | | | Quinn | | | | |
| Inventor's Signature | | <i>C.P. Quinn</i> | | | | Date | | 1st July 02 | |
| Residence: City | Lilburn | State | GA | Country | USA | Citizenship | GB | | |
| Post Office Address | | 4986 Fox Forest Drive <i>USA</i> | | | | | | | |
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| John Robert | | | | | Purkiss | | | | |
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| Residence: City | Southampton | State | | Country | GB | Citizenship | GB | | |
| Post Office Address | | Immunopharmacology Group, Southampton General Hospital | | | | | | | |
| Post Office Address | | | | | | | | | |
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)



☐ Declaration
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with Initial
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First Named Inventor

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|--|-----------|-------------------------------------|--|--|--|
| PCT/GB00/03681 9922558.3 | PCT GB | 09/25/2000 09/23/1999 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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OR

☒ Registered practitioner's name/registration number listed below

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Number Bar Code
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| Name | Registration Number | Name | Registration Number |
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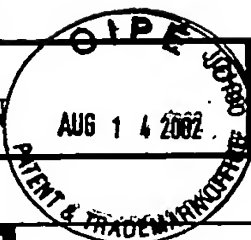
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ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3



Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John Andrew

Chaddock

Inventor's
Signature

Date

Residence: City

Salisbury

State

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Country

GB

Citizenship

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43 Bouchers Way

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ZIP

SP2 8RW

Country

GB

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Given Name (first and middle [if any])

Family Name or Surname

Conrad Padraig

Quinn

Inventor's
Signature

Date

Residence: City

Lilburn

State

GA

Country

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Citizenship

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Lilburn

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GA

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30047

Country

USA

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Given Name (first and middle [if any])

Family Name or Surname

John Robert

Purkiss

Inventor's
Signature

Date

13/06/02

Residence: City

Southampton

State

Country

GB

Citizenship

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Immunopharmacology Group, Southampton General Hospital

Post Office Address

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SO16 6YD

Country

GB